

# EXHIBIT H

# Wire Transfer Services

## Outgoing Wire Transfer Request



Today's Date:			Wells Fargo Reference Number:
11/03/2017			FW0068792307176974
Banker Name:			Officer/Portfolio Number:
SHAUKAT, MUHAMMAD NAUMAN			CJ293
Banker Phone:	Branch Number:	Banker AU:	Banker MAC:
703/442-3613	09834	0068792	R3010-010

Outgoing wires can only be sent for Wells Fargo customers. Provide the Customer Copy to the customer ensuring you give them the Wire Transfer Agreement on pages 3 and 4. Note: Wells Fargo Wire Transfer Services will route wires based on correspondent banking relationships. See the Wire Transfer Information for explanations of the Mexican CLABE number, the SWIFT BIC, the International Routing Code ("IRC"), Indian Financial System Code (IFSC) and the International Bank Account Number ("IBAN").

### Originator's Information

Originator Name:			Street Address:	
SHAIL J BUTANI			6007 MARILYN DR	
Primary ID Type:	Primary ID Description:		Address Line 2:	
DLIC	A61475852			
Primary ID St/Ctry/Prov:	Primary ID Issue Date:	Primary ID Expiration Date:	Address Line 3:	
VA	11/19/2013	02/03/2019		
Secondary ID Type:	Secondary ID Description:		City:	State:
PINV	PIN Validation		ALEXANDRIA	VA
Secondary ID State/Country:	Secondary ID Issue Date:	Secondary ID Expiration Date:	ZIP/Postal Code:	Country:
			22310-1516	US
Business, Trust, or Estate Name:			Home Phone:	Business Phone:
BALA JAIN LLC				571/245-5872

### Wire Amount and Source of Funds

Create AU:	Amount (US Dollars):	Debit Wells Fargo Account:	Bank/COD:
0068792	\$333,200.00		00377

### Beneficiary/Recipient Information (This is the ultimate recipient of the wire transfer funds)

Beneficiary/Recipient Name:	Name/Address Line 1:
EAGLE PROPERTIES INVESTMENTS LLC	
Beneficiary Account Number/IBAN (Foreign)/CLABE (Mexico):	Name/Address Line 2:
Purpose of Funds:	Name/Address Line 3:
	Beneficiary Phone Number:
Additional Instructions:	
FOR PROPERTY 449 LAWYERS ROAD NW VIENNA, VA 22180	

Customer Copy



Wire Transfer Services Outgoing Wire Transfer Request

**Beneficiary Bank** (This is the financial institution where the beneficiary maintains their account.)

ABA/RTN	SWIFT/BIC:	Beneficiary Bank Name:
065000090		CAPITAL ONE, NA
Beneficiary Bank Address:	City:	State:
	NEW ORLEANS	LA

Additional Instructions:

**Wire Fees**

Wells Fargo wire transfer fees will be charged to the Originator's Debit Account. Wells Fargo Wire Transfer Fees are disclosed in your most recent Fee and Information Schedule and related amendments and, if applicable, on the Wells Fargo Combined Disclosure for Outgoing Consumer International Wires. Additional fees from intermediary and beneficiary banks may be charged to international transactions. My signature here indicates agreement to all of the information on this Outgoing Wire Transfer Request and to the terms and conditions of this request. Wells Fargo is authorized to rely on the information on this Request in making the requested funds transfer.

**Customer Signature**

Originator Name

SHAIL J BUTANI

Originator Signature



- ☐ Submit manually  
☐ Signature not required

Date:

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Beneficiary Bank Address:	City:	State:
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